



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

FT. DUNCAN REGIONAL MEDICAL CENTER
HOSPITAL
3255 W. PIONEER PKWY
ARLINGTON, TX 76013

Respondent Name

EAGLE PASS ISD

Carrier's Austin Representative Box

Box Number 29

MFDR Tracking Number

M4-09-B567-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to our review, the attached claim for dos of 08/11/08 – 08/29/08 was denied as 'Past the filing time limit of 95 days'. According to our records the claim was submitted for payment on 09/05/08, 09/09/08 and 11/26/08. The UB92 was submitted with the itemized statement. It was sent certified by the hospital and signed for on 9/15/09 [sic]. The certified card was returned on 09/18/08 and was signed by J Dyer. Therefore the claim was received timely and well within the 95 days. The account notes are attached for your review."

Amount in Dispute: \$2,422.68

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier has correctly processed the medical bill made the basis of this claim." The bill was not submitted in a timely manner. The Requestors own evidence packet supports the delayed submission. Note the returned bill request is dated 9-30-08 requesting a medical report for the date of service. The Requestor's hand written note in response is dated 11-26-08. The bill with supporting documentation was scanned in by Tristar on 12-12-2008. The carrier will maintain the denial on the basis of no timely filing.

Response Submitted by: Pappas & Suchma, P.C., P.O. Box 66655, Austin, TX 78766

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 11, 2008 To August 28, 2008	G0283, 97035, 97110, 97140, 97001	\$2,422.68	\$677.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. 28 Texas Administrative Code §134.403 sets out the guidelines for reimbursement of medical services provided in an outpatient acute care hospital on or after March 1, 2008.
5. 28 Texas Administrative Code §134.203 sets out the guidelines for reimbursement of professional medical services provided on or after March 1, 2008.
6. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
7. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated December 19, 2008.

- 29- The time limit for filing has expired.

Explanation of benefits dated February 19, 2009

- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 29- The time limit for filing has expired.

Explanation of benefits dated April 7, 2009

- 29- The time limit for filing has expired.

Issues

1. Did the requestor file for dispute resolution in a timely manner in accordance with 28 Texas Administrative Code §133.307.
2. Did the requestor submit the medical bill and supporting medical records for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20?
3. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code §408.027 and 28 Texas Administrative Code §102.4?
4. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.307 (c)(1)(A) states in part that a request for medical fee dispute resolution shall be filed no later than one year after the date(s) of service in dispute. The disputed dates of service are August 11, 2008 to August 28, 2008. The request for dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on August 18, 2009. Therefore, dates of service August 11, 2008 through August 15, 2008 were untimely filed with the MFDR section and will not be considered in this review. Therefore, the remaining amount in dispute for dates of service August 18, 2008 through August 28, 2008 is \$677.00.
2. Pursuant to 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Texas Labor Code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that Texas Labor Code §408.0272 applies to the service in dispute, for that reason, the health care provider and requestor in this dispute were required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
3. Review of the requestor's submitted documentation finds a copy of a certified mail return receipt Article Number 7003 0500 0003 1392 8573 signed by respondent's representative on 09/15/2008 and a letter from respondent's representative dated 09/30/08 requesting additional documentation. In Accordance with Texas

Labor Code §408.027 and 28 Texas Administrative Code §102.4(h), documentation submitted by the requestor in this medical fee dispute supports that a medical bill was submitted for payment to the insurance carrier within 95 days after the date on which the health care services were provided to the injured employee.

4. Remaining in dispute are CPT Codes G0283, 97035, 97110 and 97140 billed under Revenue Code 0420. According to Medicare, these codes are status "A" codes which is defined as, "paid under a fee schedule". 28 Texas Administrative Code §134.403(h) states that for medical services provided in an outpatient acute care hospital but not addressed in the Medicare payment policies as outlined in subsections (f)(1) or (f)(2), and for which Medicare reimburses using other Medicare fee schedules, reimbursement shall be made using the applicable Division Fee Guideline in effect for the service(s) on the date the service was provided. According to 28 Texas Administrative Code §134.203, the calculations for these codes are as follows:

CPT Code G0283: 52.83 WC CF/38.087 Medicare CF x \$10.50 Participating Amount x 4 units = \$58.26

CPT Code 97035: 52.83 WC CF/38.087 Medicare CF x \$10.59 Participating Amount x 4 units = \$58.76

CPT Code 97110: 52.83 WC CF/38.087 Medicare CF x \$25.70 Participating Amount x 12 units = \$427.78

CPT Code 97140: 52.83 WC CF/38.087 Medicare CF x \$23.86 Participating Amount x 4 units = \$132.38

The total MAR for the CPT codes G0283, 97035, 97110 and 97140 is \$677.18. The requestor is seeking a total of \$677.00, therefore, this amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$677.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$677.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

01/19/2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.